FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00147066 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2006 07 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 08 02 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

Page 2

F	Report Covering the Period: From:	01 2006	To: 07 31 2006
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1 Yellow 2006		57647.24
	(b) Cash on Hand at Begining of Reporting Period	70181.01	
	(c) Total Receipts (from Line 19)	14810.66	219764.08
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84991.67	277411.32
7.	Total Disbursements (from Line 31)	42600.00	235019.65
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42391.67	42391.67
Э.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	X This Committee has qualified as a multicandidate comm	nittee. (see FEC FORM 1M)	
	For furth	er information contact:	
	99	Election Commission 99 E street, NW shington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19)

American Council of Life Insurers Political Action Committee

0 1 м м 0 7 м м 0 7 3^D1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 9059.14 50538.55 (i) Itemized (use Schedule A) 751.52 22225.53 (ii) Unitemized (iii) TOTAL (add 9810.66 72764.08 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 5000.00 147000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 14810.66 219764.08 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 14810.66 219764.08 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 14810.66 219764.08

DETAILED SUMMARY PAGE

of Disbursements

Page 4

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:(a) Shared Federal/Non-Fed		
Activity (from Schedule F		0.00
(i) Federal Share		0.00
(ii) Non-Federal Share.	0.0	0.00
(b) Other Federal Operating	0.6	0.00
Expenditures		0.00
(c) Total Operating Expendit (add 21(a)(i), (a)(ii) and (0.00
Transfers to Affiliated/Other P	,	
Contributions to		0.00
 Contributions to Federal Candidates/Committee and Other Political Committee 	es	230712.73
Independent Expenditure	0.0	0.00
(use Schedule E)		0.00
Committees (2 U.S.C. 441a(d (use Schedule F))	0.00
	0.0	0.00
Loan Repayments Made		0.00
Loans Made		0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		00 211.92
Than Tollings Committee		
(b) Political Party Committee		0.00
(c) Other Political Committee	0.0	0.00
(such as PACs)		0.00
(d) Total Contribution Refund	0.0	00 211.92
(add Lines 28(a), (b), and		
Other Disbursements	600.0	00 4095.00
. Federal Election Activity (2 U.	S.C 431(20))	
(a) Shared Federal Election	ctivity	
(from Schedule H6)	,	200
(i) Federal Share		0.00
(ii) "Levin" Share		0.00
(b) Federal Election Activity F	aid Entirely	0.00
With Federal Funds		0.00
(c) Total Federal Election Ac Lines 30(a)(i), 30(a)(ii) a		0.00
Total Disbursements (add Lin	es 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 a	10000	235019.69
Total Federal Disbursements		
(subtract Line 21(a)(ii) from L	ne 30(a)(ii)	
from Line 31)	42600	235019.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14810.66	219764.08
34. Total Contribution Refunds (from Line 28(d))	0.00	211.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14810.66	219552.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	CHEDULE A (FEC Form 3X)		Llan a superior a sharehila (a)	FOR LINE NUMBER: PAGE 6/30
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Council of Life Insurers Politic	cal Action (Committee	
	Full Name (Last, First, Middle Initial)			5. (5.).
Α.	Leah J. Walters	A.		Date of Receipt
	Mailing Address 101 Consitution Ave, NV Suite 700	/V		07 06 2006
	City	State	Zip Code	Transaction ID: 15907122
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			400.00
	federal political committee.	C		400.00
	Name of Employer	Occupation	1	_
	Name of Employer American Council of Life Insurance	Counsel	•	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Mr. Edward J. Zore			Date of Receipt
	Mailing Address 720 East Wisconsin Ave	enue		M M / D D / Y Y Y Y
				07 11 2006
	City	State	Zip Code	Transaction ID: 16026576
	Milwaukee	WI	53202-4797	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1250.00
	federal political committee.			
	Name of Employer Northwestern Mutual Life	Occupation		
	Insurance Com	1	& Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1250.00	
	outer (openity) 🗸	-		
_	Full Name (Last, First, Middle Initial)			
C.	Mr. J. Barry Griswell			Date of Receipt
	Mailing Address 711 High Street S-006-S55			07 18 2006
	City	State	Zip Code	Transaction ID: 16132320
	Des Moines	IA	50392-0001	Amount of Each Receipt this Period
	FEC ID number of contributing	С		2500.00
	federal political committee.			2000.00
	Name of Employer	Occupation	1	7
	Principal Financial Group, The	President	: & CEO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		2500.00	1
	Other (specify) ▼		2000.00	1
Г				
٩	UBTOTAL of Receipts This Page (optional)			4150.00
\vdash				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/30	
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12
Δη	y information copied from such Reports and Sta	tomonte may	not be cold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Council of Life Insurers Politic			
Α.	Full Name (Last, First, Middle Initial) Mr John D Rosenkranz			Date of Receipt
	Mailing Address 15424 S Michaele Driev			07 19 2006
	City	State	Zip Code	Transaction ID: 16132321
	Oak Forrest	IL	60452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer MTL Insurance Company	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR112048977736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer American Council of Life	Occupation		
	Insurers	Senior Co		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		571.84	P/R Deduction (\$41.67 Sem- i-Monthly)
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	W		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR115642717736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer American Council of Life Insurers	Occupation CFO	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	550.00	P/R Deduction (\$50.00 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			433.34
H	OTAL This Period (last page this line number or		·	

SC	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 8/30
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77135827736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		260.00
	Name of Employer American Council of Life Insurers	Occupation Executive	n e Vice Pres & General Couns	ee
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	P/R Deduction (\$130.00 Se-
	Other (specify) ▼	0 0	1820.00	mi-Monthly)
3.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR77136247736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life	Occupation		
	Insurers	_ •	g Dir., Conference Developm	eht
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		700.00	P/R Deduction (\$50.00 Sem- i-Monthly)
).	Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77136287736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation	n	1
	American Council of Life Insurers	Senior Co		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		700.00	P/R Deduction (\$50.00 Sem-
	Other (specify) ▼	0 0	0 0 0 0 0 0	i-Monthly)
SI	UBTOTAL of Receipts This Page (optional)		·····	460.00
TO	OTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/30
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat	tements may	not be sold or used by any person	
or for commercial purposes, other than using the na	ame and add	lress of any political committee to s	olicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Politic	al Action C	Committee	
Full Name (Last, First, Middle Initial) A. Mr. John F. Dolan			Date of Receipt
Mailing Address 101 Constitution Ave, NV			M M / D D / Y Y Y Y
Suite 700 West			
City	State	Zip Code	Transaction ID: PR77136547736
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Council of Life	Occupation	1	
Insurers		g Director, Media Relations	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)	, ,	250.00	P/R Deduction (\$20.00 Sem- i-Monthly)
Cuter (specify)	1 1		1 Monthly)
Full Name (Last, First, Middle Initial) 3. Ms. Barbara A. Price			Date of Receipt
Mailing Address 101 Constitution Avenue	NW		M M / D D / Y Y Y Y
Suite 700 West			
City	State	Zip Code	Transaction ID: PR77136907736
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Council of Life	Occupation	1	
Insurers		slative & Regulatory Informati	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)	' '	280.00	P/R Deduction (\$20.00 Sem- i-Monthly)
cara (epos.,), •	0 0		,
Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
City Suite 700 West	State	Zip Code	Transaction ID: PR77137327736
<u>Washington</u>	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing			224.28
federal political committee.	C		224.20
Name of Employer American Council of Life	Occupation		
Insurers		ce President, State Relations	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D L II (ALCO LL D
Other (specify)		1569.95	P/R Deduction (\$112.14 Se- mi-Monthly)
SUBTOTAL of Receipts This Page (optional)			304.28
		<u></u>	
TOTAL This Period (last page this line number on	nly)	>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 30
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137357736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.16
	Name of Employer American Council of Life	Occupation	resident, Public Affairs	
	Insurers Receipt For:		Year-to-Date ▼	\dashv
	Primary General	riggregate	rear to Bate 🗸	D/D Deduction (\$20.50 Com
	Other (specify) ▼		288.13	P/R Deduction (\$20.58 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137407736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		102.92
	Name of Employer American Council of Life Insurers	Occupation Senior Co		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		687.09	P/R Deduction (\$51.46 Sem- i-Monthly)
 C.	Full Name (Last, First, Middle Initial) Mr. James D. Hall			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137437736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer American Council of Life	Occupation		
	Insurers	Senior Co		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$15.00 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			174.08
			<u> </u>	
T	OTAL This Period (last page this line number on	ıly)		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11/30
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
_				T
۸.	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth			Date of Receipt
	Mailing Address 101 Constitution Avenue	NW		M M / D D / Y Y Y Y
	Suite 700 West	,		
	City	State	Zip Code	Transaction ID: PR77137607736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			60.00
	federal political committee.	C		60.00
	Name of Employer	Occupation	n	-
	Name of Employer American Council of Life		sident, Research	
	Insurers Receipt For:		e Year-to-Date ▼	-
	Primary General	1.99.19		P/R Deduction (\$30.00 Sem-
	Other (specify)		420.00	i-Monthly)
	Full Name (Last, First, Middle Initial)			
3.	Mr. C. Bryan Cox			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW			M M / D D / Y Y Y Y
	Suite 700 West	Ctata	Zip Code	
	City Washington	State DC	·	Transaction ID: PR77137687736
	•	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	rederal political committee.	-		
	Name of Employer American Council of Life	Occupation	n	
	Insurers	Regional	Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		207.00	P/R Deduction (\$20.50 Sem-
	Other (specify) ▼		287.00	i-Monthly)
Э.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt
	Mailing Address 101 Constitution Ave, NV	N		M M / D D / Y Y Y Y
	Suite 700	•		
	City	State	Zip Code	Transaction ID: PR77137717736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.	<u> </u>		200.00
	Name of Employer	Occupation	n	┥
	Name of Employer American Council of Life		Vice President, State Relation	
	Insurers Receipt For:		Year-to-Date ▼	1
	Primary General	1.99.19		P/R Deduction (\$100.00 Se-
	Other (specify) ▼		1400.00	mi-Monthly)
	•			
SI	JBTOTAL of Receipts This Page (optional))	301.00
			<u> </u>	
T	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/30
	-		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garrinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any person	for the purpose of soliciting contributions
or	1 1 ,	ame and add	dress or any political committee to s	olicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Council of Life Insurers Politic	al Action (Committee	
_	Full Name (Last, First, Middle Initial) Ms. Linda L. Lanam			Date of Receipt
٦.	Mailing Address 101 Constitution Avenue	NIM/		M M / D D / Y Y Y Y
	Suite 700 West	, INVV		W W , D D , T T T T
	City	State	Zip Code	Transaction ID: PR77137737736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		50.00
	Name of Employer American Council of Life	Occupation		1
	Insurers		sident, Annuities	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	P/R Deduction (\$25.00 Sem- i-Monthly)
	Other (specify) ▼	0 0		i-Monthly)
_	Full Name (Last, First, Middle Initial)			
3.	Mr. Donald G. Preston Jr.			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77138647736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		144.80
	Name of Employer	Occupation	2	4
	American Council of Life		Director, Reinsurance	
	Insurers Receipt For:	`	Year-to-Date V	-
	Primary General	7.99.094.0		P/R Deduction (\$72.40 Sem-
	Other (specify)		1013.59	i-Monthly)
Э.	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
	Mailing Address 101 Constitution Avenue	. NW		M M / D D / Y Y Y Y
	Suite 700 West	,		
	City	State	Zip Code	Transaction ID: PR77139517736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing	С	• • • • •	313.54
	federal political committee.			318.81
	Name of Employer American Council of Life	Occupation	<u> </u>	1
	American Council of Life Insurers	Executive	e Vice President, Federal Rela	ı
	Receipt For:	Aggregate	e Year-to-Date ▼]
	Primary General		2194.78	P/R Deduction (\$156.77 Se-
	Other (specify) ▼	0 0	2134.70	mi-Monthly)
	L			
S	UBTOTAL of Receipts This Page (optional)		·····	508.34
Ţ.	OTAL This Period (last page this line number on	ulv)		
	UIAL THIS FEHOU (IASL PAYE THIS HITE HUTTIDE! OF	и <i>у)</i>	·············	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 30
	EMIZED RECEIPTS		or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt
	Mailing Address 10075 Red Run Bouleva	rd		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77140267736
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Baltimore Life Insurance	Occupation Presiden		
	Company Receipt For:	l	e Year-to-Date ▼	
	Primary General			P/R Deduction (\$50.00 Bi-
	Other (specify)		450.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Mark Canter			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141007736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		38.58
	Name of Employer American Council of Life	Occupation		
	Insurers		ounsel, Federal Taxes	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		270.07	P/R Deduction (\$19.29 Sem- i-Monthly)
).	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West				M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141937736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.08
	Name of Employer American Council of Life	Occupation		7
	Insurers	Vice Pres	sident, Taxes	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		532.57	P/R Deduction (\$38.04 Sem- i-Monthly)
91	UBTOTAL of Receipts This Page (optional)			214.66
	ODI OTAL OF RECEIPES THIS Fage (Optional)	•••••	······································	
T	OTAL This Period (last page this line number or	ıly))	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/30
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Council of Life Insurers Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141977736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life	Occupation Presiden		
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$208.33 Se-
	Other (specify)	0 0	2916.62	mi-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141987736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life	Occupation		
	Insurers		e Vice President & COO	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (0000 00 0
	Other (specify)		2916.62	P/R Deduction (\$208.33 Semi-Monthly)
 C.	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141997736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life	Occupation	n	7
	Insurers	Senior C		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	700.00	P/R Deduction (\$50.00 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			933.32
	. 5 ,			
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/30							
	EMIZED RECEIPTS		or each category of the	(check only one)							
••			Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17							
Δr	y information copied from such Reports and Sta	tomente may	y not be sold or used by any perso								
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
	American Council of Life Insurers Politic	al Action C	Committee	_							
A.	Full Name (Last, First, Middle Initial) Ms. Nancy Smith			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West			M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142007736							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer American Council of Life Insurers	Occupation Executive	n e Assistant								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$15.00 Sem- i-Monthly)							
В.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Mahoney			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West	e, NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142097736							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		111.50							
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Communications								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		780.50	P/R Deduction (\$55.75 Sem- i-Monthly)							
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142107736							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer American Council of Life Insurers	1	ounsel & Director, Southern I	Re							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Sem- i-Monthly)							
s	UBTOTAL of Receipts This Page (optional)		·····	241.50							
T	OTAL This Period (last page this line number or	ılv)	>								

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/30							
	EMIZED RECEIPTS		or each category of the	(check only one)							
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17							
Δr	y information copied from such Reports and State	emente may	not be cold or used by any perce								
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
	American Council of Life Insurers Politica	al Action C	Committee	_							
A.	Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt							
	Mailing Address 101 Constitution Ave, NV Suite 700 West	V		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142297736							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		31.26							
	Name of Employer American Council of Life Insurers	Occupation PAC Man									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		203.18	P/R Deduction (\$15.63 Sem- i-Monthly)							
В.	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700	, NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142327736							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		80.00							
	Name of Employer American Council of Life	Occupation Senior Co									
	Insurers Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Sem- i-Monthly)							
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt							
	Mailing Address 101 Constitution Ave, NV Suite 700	V		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142877736							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer American Council of Life Insurers		gislative Director								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Sem- i-Monthly)							
s	UBTOTAL of Receipts This Page (optional)		······•	211.26							
Т	OTAL This Period (last page this line number on	ly)									

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/30				
ITEMIZED RECEIPTS			or each category of the	(check only one)				
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Λ :	winformation and from the December 100		and he had be a later and the second	13 14 15 16 17				
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persor lress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	American Council of Life Insurers Political	Action C	Committee					
۹.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt				
	Mailing Address 101 Constitution Ave, NW			M M / D D / Y Y Y Y				
	Suite 700 West							
	City	State	Zip Code	Transaction ID: PR77142887736				
	Washington	DC	20001-2133	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		112.50				
	Name of Employer American Council of Life	Occupation	1	1				
	Insurers		ce President, Federal Relatio					
		Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	1	787.50	P/R Deduction (\$56.25 Sem- i-Monthly)				
	Other (specify)	0 0		i-worthy)				
3.	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt				
	Mailing Address 101 Constitution Ave, NW			M M / D D / Y Y Y				
	Suite 700	State	Zip Code	Transaction ID: PR77142897736				
	Washington	DC	20001-2133	Amount of Each Receipt this Period				
	FFO ID accepts on a financial state of a contribution of		20001 2100					
	federal political committee.	C		162.50				
	Name of Employer	Occupation	1	+				
	American Council of Life	'	President and Corp Sec.					
	Insurers		Year-to-Date ▼	1				
	Primary General	1 1	1004.15	P/R Deduction (\$81.25 Sem-				
	Other (specify)		1094.15	i-Monthly)				
_	Full Name (Last, First, Middle Initial)			Data of Popolist				
٥.	Ms. Susan Harvey Mailing Address 101 Constitution Ave, NW			Date of Receipt				
	Suite 700 West			W W , B B , I I I I				
	City	State	Zip Code	Transaction ID: PR77143527736				
	Washington	DC	20001-2133	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		40.00				
	federal political committee.			10.00				
	Amorican Council of Lita	Occupation		1				
	Insurers		Outreach					
		Aggregate	Year-to-Date ▼					
	Primary General Other (specify)		520.00	P/R Deduction (\$20.00 Sem- i-Monthly)				
	Curior (opeonly)	0 0		,				
	IDTOTAL of December This December 1			315.00				
5	JBTOTAL of Receipts This Page (optional)		<u> </u>					
т	OTAL This Period (last page this line number only)	b					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Alane R. Dent Mailing Address 101 Constitution Ave, NW Suite 700	I		Date of Receipt
	City	State	Zip Code	Transaction ID: PR77144437736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.30
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼		n sident, Federal Relations • Year-to-Date ▼ 317.09	P/R Deduction (\$22.65 Sem-i-Monthly)
3.	Full Name (Last, First, Middle Initial) T. Scott Dixon Mailing Address 101 Constitution Avenue	NW		Date of Receipt
	Suite 700 West		7:- Ondo	
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR77144497736
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 40.00
	Name of Employer American Council of Life Insurers	Occupation Controlle		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Sem- i-Monthly)
— Э.	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700	NW		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR77144967736
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Council of Life Insurers Receipt For:		n ce President • Year-to-Date ▼	
	Primary General Other (specify) ▼	- 1991 Ogaic	350.00	P/R Deduction (\$25.00 Sem- i-Monthly)
S	UBTOTAL of Receipts This Page (optional)			135.30
т	OTAL This Period (last page this line number onl	v)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/30
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S	tatemente ma	v not he sold or used by any person	
or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Polit	ical Action (Committee	
Full Name (Last, First, Middle Initial) A. Mr. Gregory F. Jenner			Date of Receipt
Mailing Address 101 Constitution Avenu	ıe Nw		M M / D D / Y Y Y Y
Suite 700	20 1 111		
City	State	Zip Code	Transaction ID: PR77525897736
Washington	DC	20080-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		435.72
Name of Employer American Council of Life	Occupatio	n	
American Council of Life Insurers	Executive	e Vice President, Taxes	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)		2821.44	P/R Deduction (\$217.86 Se- mi-Monthly)
Cuter (Specify)			iii wonany)
Full Name (Last, First, Middle Initial) 3. Mrs Monica M Hainer			Date of Receipt
Mailing Address 130 Wentworth Drive			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR79811447736
<u>Lansdale</u>	PA	19446-1671	Amount of Each Receipt this Period
FEC ID number of contributing			60.00
federal political committee.	C		60.00
Name of Employer London Life Reinsurance	Occupatio	n	
Company	Presiden	t & CEO	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	P/R Deduction (\$30.00 Bi- Weekly)
Cuter (speerly)	0 0		Westay)
Full Name (Last, First, Middle Initial) 7. Mr. Maurice Perkins			Date of Receipt
Mailing Address 101 Constitution Ave, I Suite 700	VW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR80514917736
<u>Washington</u>	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing			131.34
federal political committee.	C		131.34
Name of Employer American Council of Life	Occupatio		7
Insurers		sident, Financial Services	4
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D ''
Other (specify)		919.37	P/R Deduction (\$65.67 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optional)			627.06
,			
TOTAL This Period (last page this line number	only)	>	

FOR LINE NUMBER: PAGE 20/30 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) A. Mr. Wayne Mehlman Date of Receipt Mailing Address 101 Constitution Avenue, NW M M / D D Suite 700 City State Zip Code Transaction ID: PR90481957736 Washington DC 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer American Council of Life Occupation Counsel, Insurance Regulation Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 350.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	•	9059.14

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 21/30 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ohio National Life PAC Date of Receipt Mailing Address One Financial Way 27 2006 City State Zip Code Transaction ID: 16178624 Cincinnati OH 45242 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C C00296657 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)			: NUMBER: PAGE 22 / 30 ly one)						_	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28	a X	23 28b	24 28c	Н	25 29	26 30	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											
-	and address of any political co	OHIIII	illee lo s	SOIICIL CO	Hillibu	lions ire	JIII SUCII	COITIII	шее		_
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political A	Action Committee										
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	15975	133			
A. Bluegrass Committee						isburse					
Mailing Address 400 North Capitol Street Suite 585	NW	O	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
	State Zip Code DC 20001			Am	ount o	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement	20001			$+$ Γ				2	500.0	0	
- urpose of Bisbarsemont		0	11		-						
Candidate Name			gory/ pe								
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)										
State: District:											_
Full Name (Last, First, Middle Initial) Friends of John Boehner						ion ID: isburse	15975	120			
- Herias of doffit Boernier				М	М		3 /	Y Y	Y .	Υ	
Mailing Address 7908-I Cincinnati Dayton				0	7	1	3	2	0 ŏ 6		
,	State Zip Code OH 45069			Am	ount o	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement			-	1 L				2	0.000	0	
		- 1	11								
Candidate Name John Boehner			gory/ pe								
Office Sought: X House Senate President Disburse	ment For: 2006 Primary X General Other (specify)										
State: OH District: 8											_
Full Name (Last, First, Middle Initial) Boswell For Congress				_		isburse		043			
Mailing Address 301 4th Street, NE Suite 202				0	7 ^M	/ 1	3 /	Ý Ž	0 0 6	Y	
,	State Zip Code DC 20002			Am	ount o	of Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement	20002		-	$+$ \square				1	000.0	0	
0 (1)			11								
Candidate Name Rep. Leonard Boswell			gory/ pe								
Office Sought: X House Senate President Disburse	ment For: 2006 Primary X General Other (specify)		<u>.</u>								
State: IA District: 3											_
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>					5	500.0	0	
TOTAL This Period (last page this line number only)			•								

		Use seperate schedule(s)	(check only			NUMBER: PAGE 23 / 30 yone)						30		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21 27	b Ĺ	22 28a	Х	23 28b	\Box	24 28c		25 29	26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam													s
	NAME OF COMMITTEE (In Full)	e and address of any pointies	ii COIII		illee i	U SUIIC	JIL COITE	ibut	10115 11	OIII S	sucii c	OITIII	iillee	
\rangle	American Council of Life Insurers Political	Action Committee												
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 15	97508	84		
Α.	Brown-Waite for Congress								isburs		nt	V	V	V
	Mailing Address 704 Ponce De Leon Blvd							М	′1	1 3	/ _	Ž	οŏε	3
	City Brooksville	State Zip Code FL 34601					Amount of Each Disbursement this Period							Period
	Purpose of Disbursement											_ 1	000.	00
	Candidate Name 011													
	Candidate Name Category/ Ginny Brown-Waite Type													
	X	ement For: 2006 Primary General Other (specify)												
	Full Name (Last, First, Middle Initial)						Trong	no oti	on ID	. 150	07526	<u> </u>		
B.	Citizens for Bunning						Date		isburs	eme	97535 nt		Y	Υ
	Mailing Address 1717 Dixie Highway Suite 180						0 7			1 3	Ĺ	2	o ŏ e	3
	City Ft Wright	State Zip Code KY 41011					Amou	ınt o	f Each	n Dis	burser	-		
	Purpose of Disbursement			0.	11	1			-			1	000.	00
	Candidate Name Jim Bunning	Ca	ate	gory/ pe										
		ement For: 2010 Primary General Other (specify)	I											
	State: KY District: 1													
C.	Full Name (Last, First, Middle Initial) DCCC						Date	of D	isburs	eme	9754 ⁻ nt			
	Mailing Address 430 South Capitol Street	, SE					0 ^M 7	М	/ D	1 3	/ Y	ž	οŏ	3 ^Y
	City Washington	State Zip Code DC 20003					Amou	ınt o	f Each	n Dis	burser	ment	this I	Period
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	Candidate Name				11 gory/ pe									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) \(\bigvert			-									
s	UBTOTAL of Disbursements This Page (optional)					>		•				70	000.	00
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political						<u> </u>			
۸.	Full Name (Last, First, Middle Initial) DSCC Mailing Address 120 Maryland Avenue, NI	E			Date o	of Disburs	1 5975 sement		o ŏ 6	Y
							D: 1		5	
		State Zip Code DC 20006			Amou	nt of Each	n Disburs	ement	this Pe	eriod
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	Candidate Name		Ca	ategory/ Type						
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	•							
	Full Name (Last, First, Middle Initial)				Trans	action ID	: 15975	120		
3.	ERICPAC				Date o	of Disburs	ement			
	Mailing Address 209 Pennsylvania Ave, S	E			0 ^M 7	M / D	1 3 /	ž	o ŏ e `	Y
	,	State Zip Code DC 20003			Amou	nt of Eacl	n Disburs	ement	this Pe	eriod
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	Candidate Name		Ca	ategory/ Type						
	Office Sought: Senate President State: Disburse Disburse	ment For: Primary General Other (specify) ▼								
	Full Name (Last, First, Middle Initial)				Trans	action ID	: 15975	125		
Э.	Hatch Election Committee				Date o	of Disburs	ement			
	Mailing Address 257 East 200 South Suite 950					M / D	1 3 [/]	ž	o ð 6	Y
	,	State Zip Code UT 84111			Amou	nt of Eacl	n Disburs	ement	this Pe	eriod
	Purpose of Disbursement			044				10	00.00	0
	Candidate Name Orrin Hatch		Ca	011 ategory/ Type						
	Office Sought: House Disburse X Senate President State: UT District: 1	ment For: 2006 Primary X General Other (specify)	•							
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S	UBTOTAL of Disbursements This Page (optional) .			<u> </u>	<u>_</u>			75	00.00)
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	and address of any political co	ווזווווכ	10 S	JUICIL CONT	IIDUIIC	פווכ (10	III SUCI	COMM	ıııee						
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	Action Committee														
Full Name (Last, First, Middle Initial) A. Wally Herger for Congress Committee				Date	of Dis	sburse			· ·						
Mailing Address P.O. Box 1500							0 7 M / D 1 3 / Y 2 0 0 6 Y								
City Chico	State Zip Code CA 95927			Amou	unt of	Each	Disburse			-					
Purpose of Disbursement	Г							1	0.00	0					
Candidate Name Wally Herger		01 Cated	gory/												
Office Sought: X House Senate President State: CA District: 2	ment For: 2006 Primary X General Other (specify)														
Full Name (Last, First, Middle Initial)				Tron	no oti o	n ID.	150750)65							
Trent Lott For Mississippi				Date		sburse			Y	Υ					
Mailing Address 201 N. Union Street				0 7		^D 1	3	2	0 Ó 6						
Alexandria	State Zip Code VA 22314			Amou	unt of	Each	Disburse			-					
Purpose of Disbursement		01	1		-			. 1	0.000	U					
Candidate Name Sen. Trent Lott		Cate	gory/												
X Senate President	ment For: 2006 Primary X General Other (specify)														
State: MS District: 2 Full Name (Last, First, Middle Initial)															
Manzullo for Congress						sburse			V	V.					
Mailing Address PO Box 16021				0 7	NI /	^D 1	3 ′	' <u>2</u>	0 Ď 6						
City Alexandria	State Zip Code VA 22302			Amou	unt of	Each	Disburse	-		-					
Purpose of Disbursement	Γ	01	1] L.				. 1	0.000	0					
Candidate Name Donald Manzullo		Cate Typ													
Office Sought: X House Senate President State: IL District: 16	ment For: 2006 Primary X General Other (specify)														
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American Council of Life Insurers Politica	Action Committee							
Full Name (Last, First, Middle Initial)			Transac	tion ID: 15	975126			
McCrery for Congress				Disburseme		/ · V	V	
Mailing Address P.O. Box 52956			0 7	13		0 0 6		
City Shreveport	State Zip Code LA 71135		Amount	of Each Dis	sbursemer	nt this Pe	eriod	
Purpose of Disbursement	71100					5000.0	0	
-		011						
Candidate Name Jim McCrery		Category/ Type						
X	ement For: 2006 Primary General							
President	Other (specify) ▼							
State: LA District: 4								
Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee				tion ID: 15				
nichard L. Near for Congress Committee			M M	Disburseme		ΥΥΥ	Υ	
Mailing Address P.O. Box 15906			0 7	13	2	2 0 0 6		
City Chevy Chase	State Zip Code MD 20825		Amount	of Each Dis	sbursemer	nt this Po	eriod	
Purpose of Disbursement	Г					1000.0	0	
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Candidate Name Richard Neal	'	Category/ Type						
9 1	ement For: 2006							
Senate X President	Primary General Other (specify) ▼							
State: MA District: 2	Other (speeliy)							
Full Name (Last, First, Middle Initial) NBCC				tion ID: 15				
NRCC			Date of D	Disburseme		y	Υ	
Mailing Address 320 First Street, SE			0 7	13	2	2 0 0 6		
City Washington	State Zip Code DC 20003		Amount	of Each Dis	sbursemer	nt this Pe	eriod	
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Candidate Name	'	Category/ Type						
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)	e and address of any political co	DITITITIE	e to s	SHOIL COILL	ibutions i	rom such	COMMI	ilee	
American Council of Life Insurers Political	Action Committee								
Full Name (Last, First, Middle Initial)				1) : 159754	414		
A. NRSC					of Disburs		Y Y	Y ° Y	1
Mailing Address 425 2nd Street, NE				0 ^M 7		13	20	ó6 [°]	
City Washington	State Zip Code DC 20002			Amou	nt of Eac	h Disburs	ement t	his Pe	riod
Purpose of Disbursement	20002			- "			50	00.00	
		011					-		
Candidate Name		Catego Type	-						
Office Sought: House Disburse Senate	ment For: Primary General								
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)) : 159748	395		
Putnam For Congress					of Disburs		V	V ° V	-
Mailing Address 3323 North Washington	Blvd			0 7	M / D	13 /	ž	ó6 [°]	
City Arlington	State Zip Code VA 22201			Amou	nt of Eac	h Disburs			-
Purpose of Disbursement		011		L.			10	00.00	
Candidate Name Rep. Adam Putnam		Catego Type	ory/						
v A	ment For: 2006 Primary General Other (specify)								
State: FL District: 12									
Full Name (Last, First, Middle Initial) Royce Campaign Committee					action II of Disburs): 159750 sement	062		
Mailing Address P.O. Box 2525				0 ^M 7	M / D	13	Ý Ž O	0 0 6	
City Orange	State Zip Code CA 92859			Amou	nt of Eac	h Disburs	ement t	his Pe	riod
Purpose of Disbursement			_				10	00.00)
Candidate Name Ed Royce		011 Catego Type	ory/						
Office Sought: X House Disburse Senate President State: CA District: 40	ment For: 2006 Primary X General Other (specify)	21		-					
State. Of District. 40									
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	y Information copied from such Reports an for commercial purposes, other than using			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Council of Life Insurers F	Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 15975064
۹.	Heather Wilson For Congress			Date of Disbursement
	Mailing Address P.O. Box 14070			07
	City	State Zip Code		Amount of Each Disbursement this Period
	Albuquerque	NM 87191		1000.00
	Purpose of Disbursement		011	1000.00
	Candidate Name		Category/	
	Rep. Heather Wilson		Туре	
	X	Disbursement For: 2006		
	Senate	Primary X General		
	State: NM District: 1	Other (specify)		

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or for commercial purposes, other than using the name	and address of any political col	minilitée to so	iicit contribut	ions from such (committee		
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	Action Committee						
Full Name (Last, First, Middle Initial)			Transact	ion ID: 161864	·61		
Ken Armbrister for Senator				isbursement			
Mailing Address P.O. Box 5017			07	12	ŽOÕ6	1	
	State Zip Code		Amount o	f Each Disburse	ement this Pe	eriod	
Victoria Purpose of Disbursement	TX 77903				-500.00	0	
Void - Check Not Received		011					
Candidate Name Ken Armbrister	C	Category/ Type					
X Senate President X	ment For: 2006 Primary General Other (specify)		Void - Ch	neck Not Rece	eived		
State: TX District: 18 2006 T. Full Name (Last, First, Middle Initial)	K Primary						
3. Vermont Democrat State Senate Campaig	n			i on ID: 159761 isbursement	43		
Mailing Address P.O. Box 461			0 7 M	/ D D / T	2006	Y	
Walling Address P.O. Box 461			0 ,				
City Burlington	State Zip Code VT 05402		Amount o	f Each Disburse	ement this Pe	eriod	
Purpose of Disbursement					1000.00	0	
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Candidate Name		Category/ Type					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: 159761	<u>4</u> 7		
Vermont Democrat State Senate Campaig	n			isbursement	.,		
Mailing Address P.O. Box 461			07	13	Ź0Ŏ6	Y	
City Burlington	State Zip Code VT 05402		Amount o	f Each Disburse	ement this Pe	eriod	
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Void - Vermont Democrat State Senate Cam		011					
Candidate Name		Category/ Type					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			ermont Democ nate Campaig			
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	y Information copied from such Reports and State for commercial purposes, other than using the nan	•				
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
<u>/</u>	American Council of Life Insurers Politica	I Action Co	mmittee			
	Full Name (Last, First, Middle Initial)				Transaction ID: 15976148	
٩.	Vermont Democrat State Senate Campaig	mont Democrat State Senate Campaign				
	Mailing Address P.O. Box 461				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$	
	City	State	Zip Code		Amount of Each Disbursement this Period	_
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	Purpose of Disbursement			011	1000.00	_
	Candidate Name			Category/ Type		
	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼			
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